My Theory

Betty: See, what it said in here n–my theory about this

(?): khu–(.hhhh)

Betty: amnesic (. ) dysnomic aphasia? (0.6) um it says the cause of lesion is usually deep in temporal lobe just like Maria was saying presumably interrupting connections of sensory speech areas with the hippocampal and parahippocampal regions. (1.0) and I think the hippocampus is like a lot more medial so if it was affecting that area it might be the anterior cerebral circulation.

Norman: Anterior.

Coach: Where is the hippocampus.
Betty: I don-do we have a picture up there on the

Norman: It's right down there, it's the bottom of this thing.
(2.5) ((walks over to chart, points)) Right in here
(1.2)

Maria: I think it's under that.

(Norm): (I can't remember)

Norman: It's under that?

Maria: I think it's on the inside.

Coach: It's on the middle, (0.7) middle top.

Maria: Sts-lk-if you lift (("lifting" gesture with right arm, elbow out) up that little temporal lobe, it's on the inside.

Coach: You can you can point to it on the middle top.
(1.1)

Maria: Middle top?

Coach: Mm-mmm.
(1.5)

Maria: °Ye:ah its,°
(3.5)

Lill: In here? ((points to chart))=

Maria: =Yeah, yeah

Coach: That's it (0.2) that's the hippocampus, then you go over one more gyrus and you're in the temporal lobe.

Maria: °Ri:ght°

Coach: So you can also see it on the (0.6)

frontal.
(1.5)

Coach: No (you can find it) on the second row left from there
Segment: My Theory  
Tape: #91-002 (0:20:12:20 to 0:26:10:00)

52 (3.3)  
53 | 0:21:21:00 | Norman: (hh hh hh)  
54  (1.5)  
55 | 0:21:24:00 | Coach: Where would it be in that section.  
56  (1.5)  
57 | 0:21:26:00 | Lill: °Somewhere in here° (pointing)  
58  (1.5)  
59 | 0:21:29:00 | Coach: That's white matter.  
60  (2.2)  
61 | 0:21:31:20 | Maria: °In that crevice?  
[  
62 | 0:21:33:00 | Norman: Go to the crevice there.  
63  (1.0)  
64 | 0:21:34:00 | Norman: That little loop?  
65  (1.0)  
66 | 0:21:36:00 | Norman: Yeah.  
67  (1.0)  
68 | 0:21:37:00 | Coach: That's it.  
69 | 0:21:38:00 | Betty: My other theory is that if it was- i- i-  
70 if it's not a vascular lesion but a space  
71 occupying lesion if it was () right  
72 there((points to chart)) in the area we  
73 were pointing to it would be like in a  
74 posterior limb of the internal capsule  
75 which would be where () the  
76 corticospinals to the leg would be going  
77 through that part.  
78  (1.0)  
79 | 0:21:53:00 | Maria: Wouldn't you expect to see a lot=  
[  
80 | 0:21:53:00 | Norman: (khh hh hyh hh)  
[  
81 | 0:21:53:00 | Coach: Whoa kay  
[  
82 | 0:21:53:00 | Maria: greater involvement if you got  
[  
83 | 0:21:55:00 | Norman: (hh hh)  
84 | 0:21:58:00 | Norman: Yeah  
85 | 0:21:59:00 | Maria: internal capsule?=  
86 | 0:22:02:00 | Betty: =If it's small. >I mean if< it's
in the very posterior li:mb,(.)
posterior part of the posterior
li:mb.(1.0) Because there's a-the-
(2.0) somato:graphic whatever
that word was,(.) arrangement of the
corticospinals as they go
|0:22:13:00| (?): °right°
[ ]
|0:22:13:00|Betty: through the (internal) capsule.
[ ]
|0:22:14:00|Norman: Yeah
|0:22:16:00|Betty: If you get way to the posterior part of the internal capsule the only thing that's there is motor and it's
|0:22:18:00|Norman: motor
|0:22:18:00|Betty: going to be the le:g.
[ ]
|0:22:19:00|Norman: motor
|0:22:21:00|Norman: That's true
|0:22:24:00|Coach: So why do the leg findings go away?
|0:22:27:00|Betty: That's a good question that kind of goes against it being some kind of a space occupying lesion because you would expect it to get progressive and then (you want it) to involve more areas.
|0:22:34:00|Betty: So then it's probably more likely
[ ]
|0:22:35:00|Maria: Headaches,=
|0:22:36:00|Maria: =you would expect
|0:22:36:15|Norman: You'd expect to have headaches
|0:22:37:00|Betty: °Maybe, yeah.°
|0:22:38:00|Maria: Seizures.
|0:22:41:00|Betty: Um (0.8) it's more likely to be vascular.
|0:22:41:00|Betty: Um (0.8) it's more likely to be vascular.
| Time | Coach | | Maria | | Norman | | Jenny | | Betty |
|------|-------|----------------|-------|-------------|-------------|----------------|---------|-------------|
| 0:22:45:00 | Coach: °Okay° | | | | | | | |
| 0:22:46:00 | Maria: °With his history and social° | | | | | | | |
| 0:22:46:15 | Coach: So | | | | | | | |
| 0:22:48:00 | Coach: So if it's vascular did he have a stroke or is he having a TIA. What is the difference between those two things anyway. | | | | | | | |
| 0:22:53:00 | Norman: With TIAs, it's like twenty-four hours | | | | | | | |
| 0:22:55:00 | Jenny: TIAs well, according to Harrison's TIAs um shows some neurological damage but it's all better in twenty-four hours. According to Cecil's it's all better in one hour um a (hh hh hh) | | | | | | | |
| 0:23:09:00 | Lill: (one of 'em) | | | | | | | |
| 0:23:11:00 | Jenny: and Cecil's also talked about something called RI:ND (.which is a reversible icschemic(1.6) neurological deficits?= | | | | | | | |
| 0:23:16:00 | Norman: neurological deficits | | | | | | | |
| 0:23:16:00 | Coach: neurological deficits | | | | | | | |
| 0:23:19:20 | Jenny: =which is somewhere in between a completed stroke and a TIA. Which, (hh huh huh huh)= | | | | | | | |
| 0:23:25:00 | Betty: Sorta like angina or unstable angina of the mind. | | | | | | | |
| 0:23:26:00 | Jenny: (hh huh huh huh) | | | | | | | |
| 0:23:27:00 | Betty: the mind. | | | | | | | |
| 0:23:29:00 | Jenny: =which um (. gets better within twenty-four to thirty-six hours, um, (1.2)((Lips smack then mouths something like "I don't know") | | | | | | | |
| 0:23:38:00 | Coach: So which one did he have? | | | | | | | |
| 0:23:38:00 | (1.0) | | | | | | | |
Segment: My Theory
Tape: #91-002 (0:20:12:20 to 0:26:10:00)

154 | 0:23:40:00 | Jenny: °Mm.°
155 | 0:23:41:00 | Maria: I think he's (.).progressing to a 
      |            | []
156 | 0:23:41:10 | Norman: >A little bit of both.<
157 | 0:23:43:00 | Maria: stroke.
158 | 0:23:43:20 | Betty: I think it's really hard to say because I 
      |            | don't think we have a very good history 
      |            | ↓about exactly what's happened in the 
      |            | last three weeks. And I don't know how 
      |            | we can im↑prove that.
159 | 0:23:50:00 | Jenny: We don't know how long his ↓leg was 
      |            | clumsy
      |            | (0.5)
160 | 0:23:53:00 | Betty: The leg was (clum)
      |            | []
161 | 0:23:54:00 | Norman:        We don't know how long it was 
      |            | clumsy? It's gone now yet he still has 
      |            | the ↑verbal problem.
      |            | (1.5)
162 | 0:23:59:00 | Betty: He doesn't have ↑any memory 
      |            | [ ]
163 | 0:23:59:00 | Norman: (so    )
164 | 0:24:00:00 | Betty: problem right now.=
165 | 0:24:01:00 | Norman: =Yeah, which is very o:dd.
      |            | [ ]
166 | 0:24:02:00 | Betty: Based on our mental 
      |            | ↑status exam,
      |            | (0.3)
167 | 0:24:04:00 | Coach: °Hm mm°
168 | 0:24:05:00 | Betty: But yet his wife says that he's 
      |            | periodically gets goofy or >whatever it 
      |            | was that she said<
      |            | (3.8)
169 | 0:24:11:00 | Betty: So,
170 | 0:24:13:00 | Maria: See a stroke can develop over a period of 
      |            | several ↓days usually progressing in a 
      |            | step like fashion=
171 | 0:24:18:00 | Norman: =(Unless it's   )
172 | 0:24:19:00 | Maria: With a deficit being added from time to 
      |            | time.
Norman: But then you would think the leg would be getting worse.

Maria: We'll it could- I mean usually strokes are preceded by TIAs.

Norman: °I would think.°

Maria: So then it could've just been you know

Norman: Well I mean that's a yeah=

=that's a risk factor ↑for 'em.(0.7)

Norman: The thing is that (1.0) we're seeing an-

an acute leg deficit and now (.) we're seeing five over five strength.

Betty: Uh it's most likely there was no permanent damage from what=

Betty: Right.

Betty: had happened.

Betty: Is it screwed up

Betty: °a little bit°(hand gesture)

Betty: °like it wasn't before>

Maria: He says it's gotten worse in the last couple of days=

Norman: =Ye:ah.
Some:thing's gotten worse I assume it's [his speech.]

But yet when we actually examine him I mean occasionally not even very often >he has trouble finding the right word and we do a mental status exam<(1.3) rarely >does he have trouble finding the right word and he can complete the ↑rest of the mental status exam with no problems<(1.0)

So I don't know. (7.0) ((Norman, Jenny looking at board))

I think I would prob'ly lean more towards (1.0) trans- something transient that comes'n goes 'n we're catching him at a fairly good moment. (1.5)

Uhh ["doubt" noise])

But I don't know. (5.0)

An' it seems like to me that for(.). for: his wife to have been concerned about whatever was going on it has to be worse than it is right now. Cause it's just- (.). unless we just (.). don't have a very clear picture of what he's really like. Things just don't seem very ba:d. (1.0)

Yeah see I don't think we do have a clear-

I don't see it either. (5.0)

And I don't know how we can fix that.
257 | 0:26:01:00 | Betty:   Except if we asked every single question
          |           | in the book.
          |           |
259 | 0:26:02:00 | Coach:  Hmm ((smile))
260 | 0:26:02:00 | Norman: ((smile))
261 | 0:26:03:00 | Betty:  (hu huh huh hh)
262 | 0:26:04:00 | Coach:  Some patients are vague,
263 | 0:26:06:00 | Betty:  Yep.
264 |           | (1.5)
265 | 0:26:08:00 | Coach:  Just don't give you the answers you wanna
          |           | hear.